Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER 575-07-7834

PRINT NAME

1. Masato (None) Takayama 2 S-0
(EMPLOYEE'S FIRST NAME) (MIDDLE NAME) (LAST NAME)
(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)

2. Front Street 3. Lahaina Maui, T. H.
(STREET AND NUMBER) (POST OFFICE) (STATE)

4. Pioneer Mill Co., Ltd. 5. Lahaina, Maui, T. H.
(BUSINESS NAME OF PRESENT EMPLOYER) (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 36 7. May 25, 1900 8. Koloa, Kauai, T. H.
(AGE AT LAST BIRTHDAY) (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) (PLACE OF BIRTH)

9. Wasaburo Takayama (deceased) 10. Kita Tsuda
(FATHER'S FULL NAME) (MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE X FEMALE ____ 12. COLOR: WHITE ____ NEGRO ____ OTHER Japanese 1-5
(CHECK (√) WHICH) (CHECK (√) WHICH) (SPECIFY)

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD ____

14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE No
(PLACE) (DATE)

15. Jan. 12, 1937 16. M. Takayama
(DATE SIGNED) (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE